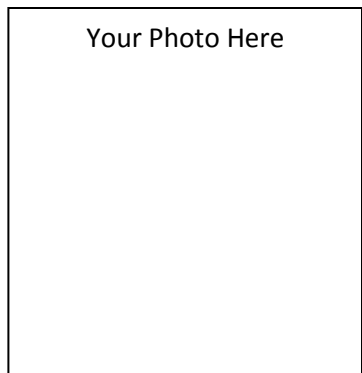




Working together to work wonders.™

**APPLICATION  
FOR ONE-YEAR INTEGRATIVE AND BEHAVIORAL MEDICINE FELLOWSHIP**

The University of Texas Medical Branch  
School of Medicine  
Department of Family Medicine  
301 University Boulevard  
Galveston, Texas 77555-0764



Name: \_\_\_\_\_  
Last First MI

Social Security No. \_\_\_\_\_ Degree \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ (MM/DD/YYYY) Ethnicity \_\_\_\_\_

Location of Birth \_\_\_\_\_  
City State Country

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

NPI# \_\_\_\_\_

Visa Type, if applicable \_\_\_\_\_ Visa Expiration Date \_\_\_\_\_  
(If not a citizen of the United States, please enclose a copy of your immigration visa together with the date and results of the Foreign Medical Graduate Test)



**Post Graduate Medical Training**

	<b>Hospital</b>	<b>Type</b>	<b>Program Director</b>
<b>Internships</b>	_____		
	<b>From</b> _____	<b>To</b> _____	
<b>Residency</b>	_____		
	<b>From</b> _____	<b>To</b> _____	
<b>Other Training</b>	_____		
	<b>From</b> _____	<b>To</b> _____	

**Post Graduate Research Training:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Position and Institution: \_\_\_\_\_

Present Program Director: \_\_\_\_\_

Name Email

Address \_\_\_\_\_

Street City State Zip

**Examination History**

<b>Examination</b>	<b># Of Attempts</b>	<b>Most Recent Date Taken</b>	<b>Date Passed</b>
USMLE Step 1			
USMLE Step 2			
USMLE Step 3			
ECFMG (Basic)			

FCFMG (Clinical)			
ECFMG (English)			

**Other Examinations as applicable**

<b>Examination</b>	<b># Of Attempts</b>	<b>Most Recent Date Taken</b>	<b>Date Passed</b>

If you have a state license please fill out the below:

State            **License number**

_____	_____
_____	_____
_____	_____

Medical and science affiliations:

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Extracurricular Activities

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**Please send the following letters of recommendation and have them address to Dr. Victor Sierpina, Fellowship Program Director, ATTN: Fellowship Coordinator, Dept. of Family Medicine, Route # 1123, 301 University Boulevard, Galveston, TX 77555**

**ALL of the following must be included in the application packet when submitting. Please do not staple the items together.**

1. This application – **complete and notarized.**
2. A recent photo.
3. Curriculum Vitae (**in UTMB format**, see attachment A) - Including you bibliography – List authors in proper sequence, name of article, journal, inclusive pages, and dates. Enclose one reprint of each article.
4. Personal statement
5. Copies of your USMLE results
6. Copy of Visa (or work authorization or permanent resident card) and ECFMG (if applicable)
7. Copy of your Texas medical license - **\*REQUIRED TX LICENSE**
8. Copy of your Texas Board Certification – If you haven't taken it, please include the date of the test and expected date of results.
9. Medical School Dean's letter and transcript
10. Recommendation Letters from:
  - a. Program Director during residency and internship.
  - b. Two other physicians who are qualified to evaluate your ability and qualifications.
  - c. Program Director during special training (e.g. previous fellowships), if applicable.
  - d. If you are in military service, a letter of recommendation from your Commanding Officer.

I. Have you ever been denied the privilege of taking an examination administered by a U.S state and or Canadian Provincial licensing agency?

YES NO (circle one)

If yes, give full details: \_\_\_\_\_

2. Have you ever failed any examination or part thereof, including FLEX, SPEX, LMCC, NBME. NBOME. USMLE, ECFMG, state licensing agency examination, as required by this state or any other U.S. state and/ or Canadian provincial licensing agency?

YES NO (Circle one)

If yes, full details \_\_\_\_\_

I, \_\_\_\_\_ hereby under oath that the information is true and correct.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**ATTACHMENT A – UTMB CV FORMAT**

Date

**CURRICULUM VITAE**

NAME:

**PRESENT POSITION AND ADDRESS:**

BIOGRAPHICAL:

EDUCATION:

BOARD CERTIFICATION:

LICENSURE INFORMATION:

PROFESSIONAL AND TEACHING EXPERIENCE: (academic; non-academic)

RESEARCH ACTIVITIES:

Area of Research

Grant support

Current

Number ..... - Granting Agency .....  
"Title of grant ....."  
(PI; .....% effort; total of \$\$ ..... for time period .....)

Pending

Past

COMMITTEE RESPONSIBILITIES:

International

National

State/Regional

UTMB

School

Departmental

Other

Committee Responsibility other than UTMB (optional)

Scientific Sessions Organized

Scientific Sessions Chaired / Discussion Leader

TEACHING RESPONSIBILITIES

A. TEACHING RESPONSIBILITIES AT UTMB:

a. Teaching:

School of Medicine (SOM):

School of Allied Health Sciences (SAHS):

School of Nursing (SON):

Graduate School (GSBS):

b. Students/Mentees/Advisees/Trainees:

Post-doctoral fellows:

Ph.D. students:

Master's students:

Undergraduate students:

c. Chair/Member of Ph.D. Supervisory Committee for:

Chair/Member of Masters Thesis Supervisory Committee for:

d. External Reviewer of Ph.D. dissertation of:

External Reviewer of Masters Thesis for:

B. TEACHING RESPONSIBILITIES AT OTHER UNIVERSITIES (AT THE UNIVERSITY OF ...):

a. Teaching

b. Students/Mentees/Advisees/Trainees

Post-doctoral fellows:

Ph.D. degree students:

Master's degree students:

Undergraduate degree students:

c. Chair/Member of Ph.D. Supervisory Committee for:

Chair/Member of Masters Thesis Supervisory Committee for:

d. "External" Reviewer of Ph.D. dissertation of:

"External" Reviewer of Diploma (~ Master's) dissertation of:

MEMBERSHIP IN SCIENTIFIC SOCIETIES/PROFESSIONAL ORGANIZATIONS: (\* denotes elected membership)

HONORS:

ADDITIONAL INFORMATION:

Editorial Board



Journal Reviewer for  
Grant Reviewer for  
Professional Skills (i.e. Faculty mentor, professional development endeavors)  
Other

PUBLISHED:

A. ARTICLES IN PEER-REVIEWED JOURNALS:

B. OTHER:

Thesis/Dissertation  
Proceedings and Symposia  
Reviews  
Book Chapters  
Varia (online modules, CDs)

C. ABSTRACTS:

PUBLICATIONS - IN PRESS:

PUBLICATIONS - SUBMITTED:

PAPERS AND CONTINUING EDUCATION PROGRAMS PRESENTED:

INVITED LECTURES AT SYMPOSIA AND CONFERENCES:

INVITED LECTURES - OFF CAMPUS: